

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A94000001232**

1. Entity Name
PALM BEACH PARTNERS, LTD.



FILED

2003 APR 23 PM 2:43

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



Principal Place of Business
**970 NORTH CONGRESS AVENUE
WEST PALM BEACH FL 33409**

Mailing Address
**970 NORTH CONGRESS AVENUE
WEST PALM BEACH FL 33409**

2. Principal Place of Business

3. Mailing Address

Suite, Apt., #, etc.

Suite, Apt., #, etc.

DUE BY MAY 1, 2003

City & State

City & State

4. FEI Number **65-0520850**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DUDE, HARALD
970 NORTH CONGRESS AVENUE
WEST PALM BEACH FL 33409**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

DATE

9. Capital Contributions
as Shown on record.

\$950.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **126853**
NAME **FIRST NATIONWIDE DEVELOPMENT CORPORATION**
STREET ADDRESS **970 NORTH CONGRESS AVENUE**
CITY-ST-ZIP **WEST PALM BEACH FL 33409**

STREET ADDRESS

CITY-ST-ZIP

000016811620
04/23/03 01064 022 **150.00

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CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE RECORDED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

HARALD DUDE, PRES OF GP 4/18/2003 (561) 712-4622
Date Daytime Phone #

CR2E003 (10/02)

0011874 AT